



Corres. and Mail
BOX AF

AF
6802

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2861, Expedited Procedure

In re Application of:

Docket No. 03500.014393

SHOZO HATTORI, et al.

Application No.: 09/543,331

Examiner: M. Nghiem

Filed: April 5, 2000

Group Art Unit: 2861

For: INK ABSORBENT, INK TANK, INK
CARTRIDGE, METHOD FOR MANUFACTURING
INK ABSORBENT, AND METHOD FOR
MANUFACTURING INK TANK

Date: October 24, 2002

RECEIVED
OCT 31 2002
TECHNOLOGY CENTER 2800

Box AF
COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 26	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 4	MINUS	*** 9	= 0	x \$42 \$84	- 0 -
Fee for Multiple Dependent claims \$140°/\$280						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200